

**Print Form**

Change Order Agreement #: \_\_\_\_\_  Supplemental Task Authorization #: \_\_\_\_\_

**CONSULTANT'S Personnel Hourly Rate Schedule for:**

CONSULTANT or Sub-Consultant Name: \_\_\_\_\_

(A separate Attachment #1 should be included for each Sub-Consultant)

1. Project Position or Classification (Function to be Performed)	2. Hourly Rate to be Charged

Reimbursable Item	Cost	Reimbursable Item	Cost

**Receipts or in-house logs are required for all non-personnel reimbursable expenses unless exempt (such as meals).**

Administrative Services Fees - Applicable only when specifically authorized by the County, for administering the procurement of special additional services, equipment, reimbursables, etc. not covered under the costs and/or changes established in the Agreement